



Consolidated Technology Services • WA

LYNC Customer Contact Sheet

Customer Name:

Customer Address:

Customer Signature Purchase Authority:	Customer Primary Technical Contact Name:
Title:	Title:
Phone:	Phone:
E-Mail:	E-Mail:

Customer Secondary Technical Contact Name:	Customer Webmaster:
Title:	Title:
Phone:	Phone:
E-Mail:	E-Mail:

Customer Billing Contact Name:	
Title:	
Phone:	
E-Mail:	

CTS Contact:	CTS Help Desk: ServiceDesk@cts.wa.gov
Title:	
Phone:	
E-Mail:	

*All fields are required